Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Part 1: Identify Yourself								
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):						
1.	Your full name								
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Rachel First name B Middle name	First name Middle name						
	Bring your picture identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)						
2.	All other names you have used in the last 8 years	Rachel Lugo							
	Include your married or maiden names.								
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0194							

De	btor 1 Rachel B Lugo		Case number (if known)				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4.	Any business names and Employer Identification	_					
	Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)				
		EINs	EINs				
5.	Where you live		If Debtor 2 lives at a different address:				
		44 Province Drive South Setauket, NY 11720					
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Suffolk					
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing	Check one:	Check one:				
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Det	otor 1 Rachel B Lugo					Case number (if known)			
Par	t 2: Tell the Court About	our Banl	kruptcy Cas	ie					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	■ Chap	oter 7						
		☐ Chap	oter 11						
		☐ Chap	oter 12						
		☐ Chap							
8.	How you will pay the fee	ab or	out how you	ı may pay. Typica attorney is submitt	illy, if you are paying the fee yo	ck with the clerk's office in your local court for ourself, you may pay with cash, cashier's che alf, your attorney may pay with a credit card	eck, or money		
					ments. If you choose this opti	on, sign and attach the Application for Individ	duals to Pay		
		Th	ne Filing Fee	in Installments (C	Official Form 103A).		-		
		bu ap	it is not requi oplies to your	ired to, waive you r family size and y	Ir fee, and may do so only if yo you are unable to pay the fee i	n only if you are filing for Chapter 7. By law, our income is less than 150% of the official p n installments). If you choose this option, you cial Form 103B) and file it with your petition.	overty line that		
9.	Have you filed for bankruptcy within the last 8 years?	■ No.							
		☐ Yes.							
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your	■ No.	Go to lin	ne 12.					
	residence?	☐ Yes.	Has you	ır landlord obtaine	ed an eviction judgment agains	st you?			
			– 1	No. Go to line 12.					
				Yes. Fill out <i>Initial</i> this bankruptcy pe		Judgment Against You (Form 101A) and file	it as part of		

Deb	tor 1 Rachel B Lugo				Case number (if known)	
Part	3: Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor	
12.	Are you a sole proprietor					
	of any full- or part-time business?	■ No.	Go to	Part 4.		
		☐ Yes.	Name	and location of bus	iness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	te & ZIP Code	
	it to this petition.		Chec	k the appropriate bo	x to describe your business:	
				Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))	
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))	
				None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines	s. If you ir is, cash-fl	dicate that you are ow statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure	
	For a definition of small	■ No.	I am r	ot filing under Chap	oter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code	•	11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Pari	A: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention	
	Do you own or have any		- razar ac	actiopolity of 7.1.	, report, macroode illinoulate / illenine.	
	property that poses or is	■ No.				
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?		
	public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?			
					Number, Street, City, State & Zip Code	

Debtor 1 Rachel B Lugo Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Rachel B Lugo			Case number (if	known)			
Par	t 6: Answer These Ques	tions for Rep	orting Purposes					
	What kind of debts do you have?	16a. A	in 11 U.S.C. § 101(8) as "incurred by an					
			No. Go to line 16b.					
			Yes. Go to line 17.					
				ess debts? Business debts are debts that ent or through the operation of the busines				
			No. Go to line 16c.					
			Yes. Go to line 17.					
		16c. S	tate the type of debts you owe th	nat are not consumer debts or business de	ebts			
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapter 7. Go	o to line 18.				
	Do you estimate that after any exempt property is excluded and		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?		No					
] Yes					
18.	How many Creditors do you estimate that you owe?	1 -49		1 ,000-5,000	2 5,001-50,000			
		□ 50-99		☐ 5001-10,000	☐ 50,001-100,000			
		☐ 100-199 ☐ 200-999		10,001-25,000	☐ More than100,000			
19.	How much do you	□ \$0 - \$50	,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?	□ \$50,001		☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			1 - \$500,000 1 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		— \$500,00	1 - \$1 million	Li \$100,000,001 - \$500 Hillion Li More trian \$50 billion				
20.	How much do you estimate your liabilities	□ \$0 - \$50		☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	to be?		- \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion			
			1 - \$500,000 1 - \$1 million	□ \$100,000,001 - \$100 million	☐ More than \$50 billion			
_	a: 5.1							
Par								
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
				n aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, available under each chapter, and I choose to proceed under Chapter 7.				
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out to document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					attorney to help me fill out this			
		I request re	lief in accordance with the chapte	er of title 11, United States Code, specifie	ed in this petition.			
I understand making a false statement, concealing property, or obtaining money or property by fraud in connection bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, and 3571.								
		/s/ Rachel B		Signature of Debtor 2				
		Signature o		2.9 5. 25501 2				
		Executed or	December 18, 2018	Executed on				
			MM / DD / YYYY	MM / D	D/YYYY			

Debtor 1 Rachel B Lugo		Case number (if known)			
For your attorney, if you are represented by one If you are not represented by	I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United Stat for which the person is eligible. I also certify that I hand, in a case in which § 707(b)(4)(D) applies, certif	es Code, and have e ave delivered to the o	explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)		
an attorney, you do not need to file this page.	schedules filed with the petition is incorrect.	y tilat i ilave ilo kilow	reage after an inquiry that the information in the		
	/s/ Richard A. Jacoby, Esq. Signature of Attorney for Debtor	Date	December 18, 2018 MM / DD / YYYY		
	Richard A. Jacoby, Esq.				
	Printed name Jacoby & Jacoby, Attorneys At Law				
	Firm name 1737 North Ocean Avenue				
	Medford, NY 11763 Number, Street, City, State & ZIP Code				
	Contact phone 631-289-4600	Email address			
	2585735 NY Bar number & State				

Fill	n this information t	o identify your	case:				
Deb		hel B Lugo					
Deb	First N	lame	Middle Name	Last Name			
	rse if, filing) First N	lame	Middle Name	Last Name			
Unit	ed States Bankruptcy	Court for the:	EASTERN DISTRICT	OF NEW YORK			
Cas (if kno						_	c if this is an ded filing
						amen	ueu iiiiiig
Off	icial Form 1	06Sum					
			and Liabilities a	nd Certain Statistical	Information		12/15
infor	mation. Fill out all o	f your schedule	es first; then complete t	e are filing together, both are en the information on this form. If y ok the box at the top of this pag	ou are filing amende		
Part	1: Summarize Yo	our Assets					
						Your a Value of	ssets of what you own
1.	Schedule A/B: Pro 1a. Copy line 55, To	perty (Official Fo tal real estate, fo	orm 106A/B) om Schedule A/B			\$	531,150.00
	1b. Copy line 62, To	tal personal pro	perty, from Schedule A/B			\$	257,741.91
	1c. Copy line 63, To	tal of all property	on Schedule A/B			\$	788,891.91
Part	2: Summarize Yo	our Liabilities					
							abilities
						Amoun	t you owe
2.			aims Secured by Propert nn A, Amount of claim, a	y (Official Form 106D) t the bottom of the last page of Pa	art 1 of Schedule D	\$	306,903.68
3.	Schedule E/F: Cred 3a. Copy the total of	itors Who Have laims from Part	Unsecured Claims (Offici 1 (priority unsecured clai	al Form 106E/F) ms) from line 6e of <i>Schedule E/F</i>		\$	0.00
	3b. Copy the total of	laims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedule E	E/F	\$	132,805.00
					Your total liabilities	\$	439,708.68
Part	3: Summarize Yo	our Income and	Expenses				
4.	Schedule I: Your Ind Copy your combined			le I		\$	6,443.60
5.	Schedule J: Your E. Copy your monthly					\$	7,420.49
Part	4: Answer These	Questions for	Administrative and Sta	tistical Records			
6.	,		er Chapters 7, 11, or 13 on this part of the form.	? Check this box and submit this for	m to the court with you	ur other scl	nedules.
7.	■ Yes What kind of debt	do you have?					
				debts are those "incurred by an ir 9g for statistical purposes. 28 U.S		a personal	family, or
		e not primarily of our other sched		ave nothing to report on this part o	of the form. Check this	box and s	ubmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Rachel B Lugo Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9,140.42

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tot	al claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

			□ ■ Othe	Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about th	(see in:	structions)	munity property	
		☐ Timeshare ☐ Describe (such as a life est			,			
	NY State	11720-0000 ZIP Code		Manufactured or mobile home Land Investment property	entire proj	perty?	Current value of the portion you own? \$531,150.00	
1.1 44 Province Drive Street address, if available, or other description		cription	Dupley or multi-unit building the amount			duct secured claims or exemptions. Put tt of any secured claims on Schedule D: Who Have Claims Secured by Property.		
No. Go to Part 2.		uitable interest in a	ny resid	lence, building, land, or similar proper	ty?			
n category, separately t fits best. Be as compation. If more space is revery question.	B: Pr list and de plete and a needed, a	operty escribe items. List a accurate as possible ittach a separate sh	e. If two neet to ti	married people are filing together, both his form. On the top of any additional places	th are equally resp pages, write your r	onsible for su	pplying correct	
number							☐ Check if this is an amended filing	
d States Bankruptcy	Court for	the: EASTERN	DISTRI	CT OF NEW YORK				
	ame	Middle	Name	Last Name				
			Name	Last Name				
		•	is tiling	j :				
	r 1 Rach First Na or 2 Je, if filing) Rist Na or 2 First Na d States Bankruptcy number Cial Form 10 hedule A/I n category, separately at fits best. Be as compation. If more space is revery question. Describe Each Res you own or have any length of the company of the company of the properties. Yes. Where is the properties.	Rachel B Lug First Name or 2 e, if filing) d States Bankruptcy Court for number Cial Form 106A/B hedule A/B: Pr n category, separately list and det fits best. Be as complete and a ation. If more space is needed, a er every question. Describe Each Residence, Bu you own or have any legal or equ No. Go to Part 2. Yes. Where is the property? 44 Province Drive Street address, if available, or other described. South Setauket NY City State	Property Cial Form 106A/B hedule A/B: Property In category, separately list and describe items. List at fits best. Be as complete and accurate as possible attion. If more space is needed, attach a separate share every question. Describe Each Residence, Building, Land, or Otte you own or have any legal or equitable interest in a No. Go to Part 2. Yes. Where is the property? 44 Province Drive Street address, if available, or other description South Setauket NY 11720-0000 City State ZIP Code	Rachel B Lugo First Name Middle Name Or 2 te, if filing) First Name Middle Name d States Bankruptcy Court for the: Cial Form 106A/B hedule A/B: Property The category, separately list and describe items. List an asset the season category, separately list and describe items. List an asset the season category, separately list and describe items. List an asset the season category, separately list and describe items. List an asset the season category, separately list and describe items. List an asset the season category, separately list and describe items. List an asset the season category, separately list and describe items. List an asset the season category as category, separately list and describe items. List an asset the season category as category, separately list and describe items. List an asset the season category as category, separately list and describe items. List an asset the season category as category as category. If two additions it is a category as category as category as category as category. The season category as cate	First Name Middle Name Last Name or 2 e, if filling) First Name Middle Name Last Name d States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK number Cial Form 106A/B hedule A/B: Property n category, separately list and describe items. List an asset only once. If an asset fits in more that fits best. Be as complete and accurate as possible. If two married people are filling together, bot attended to this form. On the top of any additional per every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In you own or have any legal or equitable interest in any residence, building, land, or similar property. Joseph Street address, if available, or other description Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Check Manufactured or mobile home Land Investment property Check Timeshare Other Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Residence At least one of the debtors and another	Prist Name Middle Name Last Name Last Name Middle Name Last Name Last Name Middle Name M	Tries Name Middle Name Last Name Las	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Del	otor 1 R	achel B Lugo	Ca	se number (if known)	
3. C	ars, vans,	trucks, tractors, spo	rt utility vehicles, motorcycles		
	l No				
	Yes				
3.	Make:	Ford	Who has an interest in the property? Check one		I claims or exemptions. Put ured claims on Schedule D:
	Model:	Explorer	Debtor 1 only		Claims Secured by Property.
	Year:	2018	Debtor 2 only	Current value of the	Current value of the
		nate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Auto L	formation:	☐ At least one of the debtors and another		
	Auto E	cusc	Check if this is community property (see instructions)	\$0.00	\$0.00
	l No l Yes				
			ion you own for all of your entries from Part 2, including an rt 2. Write that number here		\$0.00
Par	3: Descri	be Your Personal and H	lousehold Items		
			quitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
ĺ			gs iture, linens, china, kitchenware		
			ehold Goods		\$1,500.00
		Tiouse	Filolu Goods		Ψ1,500.00
		Televisions and radios	; audio, video, stereo, and digital equipment; computers, printer cameras, media players, games	rs, scanners; music colle	ctions; electronic devices
	■ No ☑ Yes. De	scribe			
8. C	ollectibles	s of value	; paintings, prints, or other artwork; books, pictures, or other art	shipata atamp asin ar	haaahall aard aallaatiana.
_		other collections, mem		objects, stamp, com, or	pasebali caru collectioris,
[☐ Yes. De	scribe			
		for sports and hobbi Sports, photographic, e musical instruments	es exercise, and other hobby equipment; bicycles, pool tables, gol	f clubs, skis; canoes and	kayaks; carpentry tools;
	Yes. De	scribe			
_	Firearms Examples ■ No	: Pistols, rifles, shotgur	ns, ammunition, and related equipment		
	■ No ☑ Yes. De	scribe			

Debtor 1	Rachel B Lugo		Case	number (if known)	
□ No		furs, leather coats, designe	r wear, shoes, accessories		
	Clot	thes			\$1,000.00
☐ No		costume jewelry, engagem	ent rings, wedding rings, heirloom jewelry	, watches, gems, ç	gold, silver
	Jew	elry			\$400.00
Exam ■ No □ Yes 14. Any o ■ No	farm animals nples: Dogs, cats, birds, h s. Describe other personal and houses. Give specific information	sehold items you did not	already list, including any health aids y	ou did not list	
		of your entries from Part 3 er here	s, including any entries for pages you h	nave attached	\$2,900.00
Part 4:	escribe Your Financial Ass	sets			
Do you o	own or have any legal o	r equitable interest in any	of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No			in a safe deposit box, and on hand when	you file your petiti	on
17. Depo Exan			s; certificates of deposit; shares in credit un the same institution, list each.	nions, brokerage	houses, and other similar
■ Yes	S		Institution name:		
	17.	1.	Checking - Bank of America Checking - Teachers Federal Cre	edit Union	\$676.06
	ls, mutual funds, or pub inples: Bond funds, invest	tment accounts with brokers	age firms, money market accounts		
■ Yes	5	Institution or issuer nam	e:		
		Stock			\$222.85
joint ■ No	venture	•	ed and unincorporated businesses, inc	luding an interes	et in an LLC, partnership, and
⊔ Yes		on about them	% of	f ownership:	

De	ebtor 1 Ra	achel B Lugo	Ca	ase number (if known)	
20.	Negotiable Non-negoti		tiable and non-negotiable instruments hiers' checks, promissory notes, and more nsfer to someone by signing or delivering to		
	■ No □ Yes. Give	e specific information about them Issuer name:			
21.		or pension accounts Interests in IRA, ERISA, Keogh, 401(k), 4	03(b), thrift savings accounts, or other pen	sion or profit-sharing plans	
	Yes. List 6	each account separately. Type of account:	Institution name:		
			401k		\$252,943.00
22.	Your share Examples:		that you may continue service or use from public utilities (electric, gas, water), telecor		ers
	■ No □ Yes		Institution name or individual:		
23.	Annuities (A contract for a periodic payment of mone	ey to you, either for life or for a number of y	ears)	
	☐ Yes	Issuer name and description.			
24.		an education IRA, in an account in a question 530(b)(1), 529A(b), and 529(b)(1).	ualified ABLE program, or under a quali	fied state tuition program.	
	☐ Yes	Institution name and description	n. Separately file the records of any interes	ts.11 U.S.C. § 521(c):	
25.	Trusts, equ	uitable or future interests in property (or	ther than anything listed in line 1), and I	ights or powers exercisable fo	or your benefit
	☐ Yes. Give	e specific information about them			
26.		pyrights, trademarks, trade secrets, an Internet domain names, websites, proceed	d other intellectual property ds from royalties and licensing agreements	;	
	☐ Yes. Give	e specific information about them			
27.		ranchises, and other general intangible Building permits, exclusive licenses, coop	es erative association holdings, liquor license	s, professional licenses	
		e specific information about them			
M	oney or prop	perty owed to you?		portio Do no	ent value of the on you own? ot deduct secured s or exemptions.
28.	Tax refunds ■ No	s owed to you			
	☐ Yes. Give	specific information about them, including	g whether you already filed the returns and	the tax years	
29.	Family sup Examples: ■ No		upport, child support, maintenance, divorce	settlement, property settlement	
	☐ Yes. Give	specific information			
30.	Examples:	unts someone owes you Unpaid wages, disability insurance payme benefits; unpaid loans you made to some	ents, disability benefits, sick pay, vacation pone else	oay, workers' compensation, So	cial Security
	No				

D	ebtor 1	Rachel B Lugo	Case number (if known)	
	☐ Yes.	Give specific information		
31.		ets in insurance policies		
	_ `	oles: Health, disability, or life insurance; health savings accour	nt (HSA); credit, homeowner's, or renter's insura	nce
	■ No	Name the insurance company of each policy and list its value		
	□ res.	Company name:	Beneficiary:	Surrender or refund value:
32.	If you a	terest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a life one has died.		eive property because
		Give specific information		
33.		against third parties, whether or not you have filed a law oles: Accidents, employment disputes, insurance claims, or rig		
	☐ Yes.	Describe each claim		
34.	Other o	contingent and unliquidated claims of every nature, include	ling counterclaims of the debtor and rights to	o set off claims
	Yes.	Describe each claim		
		FDCPA actions		\$1,000.00
35.	■ No	nancial assets you did not already list Give specific information		
	□ 165.	Give specific information		
36		the dollar value of all of your entries from Part 4, including art 4. Write that number here		\$254,841.91
Pa	art 5: De	scribe Any Business-Related Property You Own or Have an Intere	st In. List any real estate in Part 1.	
37.	Do you	own or have any legal or equitable interest in any business-relate	d property?	
	No. Go	o to Part 6.		
	☐ Yes. G	Go to line 38.		
Pa		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interest In.	
46.	. Do you	ı own or have any legal or equitable interest in any farm-	or commercial fishing-related property?	
	■ No.	Go to Part 7.		
	☐ Yes	. Go to line 47.		
Pa	art 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above	
53.	Examp	have other property of any kind you did not already list? oles: Season tickets, country club membership		
	■ No	Cive appoiling information		
	⊔ res.	Give specific information		
54	. Add t	the dollar value of all of your entries from Part 7. Write tha	t number here	\$0.00

Debt	or 1 Rachel B Lugo		Case number (if known)	
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$531,150.00
56.	Part 2: Total vehicles, line 5	\$0.00		
57.	Part 3: Total personal and household items, line 15	\$2,900.00		
58.	Part 4: Total financial assets, line 36	\$254,841.91		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$257,741.91	Copy personal property total	\$257,741.91
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$788,891.91

4	l in this infor	mation to identify your asso						
		mation to identify your case:						
De	ebtor 1	Rachel B Lugo First Name	Middle Name	L	_ast Name			
	ebtor 2							
(Sp	ouse if, filing)	First Name	Middle Name	L	Last Name			
Ur	nited States Ba	ankruptcy Court for the: EAS	STERN DISTRICT OF N	EW Y	ORK			
Ca	ase number							
	known)					☐ Check if this is an		
						amended filing		
<u></u>	fficial Fo	orm 106C						
			orty Vou Cla	ım	ac Evemnt	444		
<u> </u>	chedui	e C: The Prope	erty You Cla	11111	i as exempt	4/16		
he nee cas	property you leded, fill out ar se number (if k	listed on Schedule A/B: Proper nd attach to this page as many nown).	rty (Official Form 106A/B) copies of <i>Part 2: Addition</i>	as yo nal Pa	our source, list the property that you age as necessary. On the top of any	additional pages, write your name and		
spe any un exe	ecific dollar a / applicable s ids—may be usern emption to a p	mount as exempt. Alternative tatutory limit. Some exempti unlimited in dollar amount. H	ely, you may claim the f ons—such as those for lowever, if you claim ar	full fai r heal r exen	ir market value of the property be th aids, rights to receive certain b nption of 100% of fair market valu	One way of doing so is to state a sing exempted up to the amount of penefits, and tax-exempt retirement se under a law that limits the t, your exemption would be limited		
Pa	rt 1: Identi	ify the Property You Claim as	s Exempt					
1.	Which set o	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.						
	_	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)						
	_	_		11 0.0	3.C. § 322(b)(3)			
		laiming federal exemptions. 1						
2.	For any pro	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.						
		tion of the property and line on I that lists this property	Current value of the	Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption.		Specific laws that allow exemption		
	Goriodaio 702	That hole time property	Copy the value from					
		e Drive South Setauket,	\$531,150.00		\$170,825.00	NYCPLR § 5206		
		Suffolk County hedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit			
	Household	I Goods hedule A/B: 6.1	\$1,500.00		\$1,500.00	NYCPLR § 5205(a)(5)		
	Line nom oc	nedule A/B. 4.1			100% of fair market value, up to any applicable statutory limit			
	Clothes	hedule A/B: 11.1	\$1,000.00		\$1,000.00	NYCPLR § 5205(a)(5)		
	Elifo Holli Go	nodulo / v B. TTT			100% of fair market value, up to any applicable statutory limit			
	Jewelry	hedule A/B: 12.1	\$400.00		\$400.00	NYCPLR § 5205(a)(6)		
	Line nom 30	nodulo AV D. 14.1			100% of fair market value, up to any applicable statutory limit			
	401k		\$252,943.00		\$252,943.00	NYCPLR § 5205(e)		
	Line from Sc	hedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit			

Official Form 106C

Эе	btor 1	Rachel B Lugo	Case number (if known)	
3.	-	you claiming a homestead exemption of more than \$160,37 ject to adjustment on 4/01/19 and every 3 years after that for ca		
		No		
		Yes. Did you acquire the property covered by the exemption w	ithin 1,215 days before you filed this case?	
		■ No		
		☐ Yes		

Fill in this information to identify y	our case:				
Debtor 1 Rachel B Luge	o				
First Name	Middle Name Last Na	lame			
Debtor 2 (Spouse if, filing) First Name	Middle Name Last Na	lame			
United States Bankruptcy Court for the	e: EASTERN DISTRICT OF NEW YORK	(
Case number					
Case number				☐ Check	if this is an
					led filing
					-
Official Form 106D					
Schedule D: Creditor	s Who Have Claims Sec	ured l	by Propert	V	12/15
is needed, copy the Additional Page, fill number (if known).	e. If two married people are filing together, both it out, number the entries, and attach it to this f				
1. Do any creditors have claims secured					
□ No. Check this box and submi □	t this form to the court with your other schedu	ules. You	have nothing else t	o report on this form.	
Yes. Fill in all of the information	n below.				
Part 1: List All Secured Claims					
for each claim. If more than one creditor h	s more than one secured claim, list the creditor sep as a particular claim, list the other creditors in Part etical order according to the creditor's name.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Capital One Bank (USA)	Describe the property that secures the clair	m:	\$23,702.20	\$531,150.00	\$0.00
Creditor's Name	44 Province Drive South Setauket	<u>,</u>			
	NY 11720 Suffolk County				
4074 0 5 1	As of the date you file, the claim is: Check all	l I that			
4851 Cox Road Glen Allen, VA 23060	apply.				
	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as mortgage	e or secure	ed.		
Debtor 2 only	car loan)	,o o. ooou.o			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
☐ At least one of the debtors and another	, ,	iicii)			
☐ Check if this claim relates to a	☐ Other (including a right to offset)				
community debt	United (including a right to onset)				
Date debt was incurred	Last 4 digits of account number	0512			
22 Lincoln Auto Engl Svo	Describe the managery that accurace the element		¢47.466.49	\$0.00	¢47.466.49
2.2 Lincoln Auto Fncl Svc Creditor's Name	Describe the property that secures the clair	m: 	\$17,466.48	\$0.00	\$17,466.48
oreaner e manie	2018 Ford Explorer Auto Lease				
Attn: Bankruptcy					
Po Box 542000	As of the date you file, the claim is: Check all apply.	I that			
Omaha, NE 68154	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as mortgage car loan)	e or secure	ed		
Debtor 2 only					
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's	lien)			
At least one of the debtors and another	• .				
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Lease			

Official Form 106D

Debtor 1 Rachel B Lugo		Case number (if known)
First Name Middle N	ame Last Name	
Opened 02/16 Last Active 10/12/18	Last 4 digits of account number	0194
22 Mr. Cooper	Describe the property that secures the clair	m: \$265,735.00 \$531,150.00 \$0.00
2.3 Mr. Cooper Creditor's Name		
Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019	As of the date you file, the claim is: Check all apply.	
	Contingent	
Number, Street, City, State & Zip Code	☐ Unliquidated	
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.	
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgag car loan)	e or secured
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	
☐ Check if this claim relates to a community debt	Other (including a right to offset)	gage
Opened 09/10 Last Active 9/07/18	Last 4 digits of account number	3619
If this is the last page of your form, add Write that number here:	Column A on this page. Write that number here the dollar value totals from all pages. or a Debt That You Already Listed	\$306,903.68 \$306,903.68
trying to collect from you for a debt you o	owe to someone else, list the creditor in Part 1 t you listed in Part 1, list the additional credit	nat you already listed in Part 1. For example, if a collection agency is , and then list the collection agency here. Similarly, if you have more ors here. If you do not have additional persons to be notified for any
Name, Number, Street, City, State & County of Suffolk Sheriff's Office 360 Yaphank Avenue	•	On which line in Part 1 did you enter the creditor? 2.1 Last 4 digits of account number
Suite 1A Yaphank, NY 11980		
Name, Number, Street, City, State & Rubin & Rothman, LLC	Zip Code	On which line in Part 1 did you enter the creditor?2.1_
1787 Veterans Hwy. Suite 32 P.O. Box 9003 Islandia, NY 11749		Last 4 digits of account number

Fill in this	information to identify your	case:			
Debtor 1	Rachel B Lugo				
	First Name	Middle Name	Last Name		
Debtor 2	First Name	Middle Nove	Loot Name		
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Star	tes Bankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK		
Case numb	her				
(if known)					☐ Check if this is an
					amended filing
O((; .; . I)	E 400E/E				
	Form 106E/F	,, ,, ,,			40/45
	ıle E/F: Creditors W				12/15 IORITY claims. List the other party to
Schedule G: Schedule D: left. Attach t name and ca	Executory Contracts and Unexp Creditors Who Have Claims Sec he Continuation Page to this page ase number (if known).	oired Leases (Official Form 106 cured by Property. If more space ge. If you have no information	6G). Do not include ce is needed, copy	any creditors with partially secuthe Part you need, fill it out, nun	perty (Official Form 106A/B) and on ured claims that are listed in nber the entries in the boxes on the of any additional pages, write your
	List All of Your PRIORITY Ur				
_ `	creditors have priority unsecure	d ciaims against you?			
_	Go to Part 2.				
☐ Yes.		TV 11			
	List All of Your NONPRIORIT				
3. Do any	creditors have nonpriority unse	cured claims against you?			
□ No.	You have nothing to report in this p	part. Submit this form to the cour	t with your other sch	edules.	
Yes.					
unsecur	of your nonpriority unsecured comed claim, list the creditor separatel education holds a particular claim,	y for each claim. For each claim	listed, identify what	type of claim it is. Do not list claims	s already included in Part 1. If more us fill out the Continuation Page of
					Total claim
	nex/Bankruptcy	Last 4 digits o	f account number	0759	\$370.00
	npriority Creditor's Name orrespondence			Opened 12/05 Last Act	rive
	Box 981540	When was the	debt incurred?	1/26/18	TVE
	Paso, TX 79998				
	mber Street City State Zlp Code	As of the date	you file, the claim	is: Check all that apply	
	no incurred the debt? Check one.	_			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidate	d		
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and an	Па	RIORITY unsecure	d claim:	
	Check if this claim is for a com				
del Is t	ot the claim subject to offset?			aration agreement or divorce that y	ou did not
_	No		•	g plans, and other similar debts	
	Yes	·	cify Credit Card	•	
Ц	1 50	■ Other. Spec	Olly Oleuit Cart	1	

Debto	Pr 1 Rachel B Lugo	Case number (if known)			
4.2	Bank Of America	Last 4 digits of account number	4431	\$4,860.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 982238 El Paso, TX 79998	When was the debt incurred?	Opened 01/08 Last Active 9/18/18		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	■ Other. Specify Credit Card	<u> </u>		
4.3	Barclays Bank Delaware Nonpriority Creditor's Name	Last 4 digits of account number	9546	\$1,367.00	
	Attn: Correspondence Po Box 8801 Wilmington, DE 19899	When was the debt incurred?	Opened 08/12 Last Active 9/17/18		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims			
	■ No	☐ Debts to pension or profit-sharin			
	□Yes	Other. Specify Credit Card			
4.4	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	5149	\$24,870.00	
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 8/29/06 Last Active 8/01/15		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:		
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	ration agreement of divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐ Yes	■ Other Specify Credit Card			

Debtor	Rachel B Lugo		Case number (if known)	
4.5	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	2537	\$23,417.00
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 08/06 Last Active 10/23/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Спеск ан that арру	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	a plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card		
4.6	Chase Card Services	Last 4 digits of account number	9239	\$16,358.00
	Nonpriority Creditor's Name Correspondence Dept Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 08/07 Last Active 10/04/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharin		
	Yes	Other. Specify Credit Card	<u> </u>	
4.7	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	4169	\$15,405.00
	Correspondence Dept Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 02/12 Last Active 11/30/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debts	
	■ No □ Yes	Other, Specify Credit Card		
	L TeS	Other, Specify Credit Card		

Debtor	1 Rachel B Lugo	Case number (if known)				
4.8	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	4390	\$12,646.00		
	Correspondence Dept Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 04/08 Last Active 10/04/18			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	Contingent				
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed				
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims				
	No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.9	Citibank Nonpriority Creditor's Name	Last 4 digits of account number	9028	\$0.00		
	Centralized Bankruptcy Po Box 790034 St Louis, MO 63179	When was the debt incurred?	Opened 1/12/11 Last Active 12/27/17			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim				
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed				
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset? ■ No	report as priority claims ☐ Debts to pension or profit-sharin				
	Yes	Other. Specify Credit Line				
4.1	Citicards Nonpriority Creditor's Name	Last 4 digits of account number	9956	\$7,405.00		
	Attn: Central Bankruptcy Po Box 790040 Saint Louis, MO 63179	When was the debt incurred?	Opened 08/11 Last Active 10/04/18			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans				
	Is the claim subject to offset?	 ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing 	aration agreement or divorce that you did not			
	■ No □ Yes	Other. Specify Credit Card				

Debto	or 1 Rachel B Lugo		Case number (if known)	
4.1	Discover Financial	Last 4 digits of account number	3134	\$10,108.00
	Nonpriority Creditor's Name Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 12/05 Last Active 10/05/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans		
	debt Is the claim subject to offset? ■ No	☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing	ration agreement or divorce that you did not g plans, and other similar debts	
	Yes	Other. Specify Credit Card		
4.1	HSBC Bank USA, N.A. Nonpriority Creditor's Name	Last 4 digits of account number	0195	\$5,171.00
	P.O. Box 4552 Buffalo, NY 14240-4552	When was the debt incurred?	Opened 11/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim:	
	■ No	Debts to pension or profit-sharing		
	☐ Yes	Other. Specify Credit card		
4.1 3	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	4903	\$1,472.00
	Kohls Credit Po Box 3120 Milwaukee, WI 53201	When was the debt incurred?	Opened 09/01 Last Active 8/31/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other Specify Charge Acc	count	

Debtor	1 Rachel B Lugo		Case number (if known)	
4.1	Long Island University	Last 4 digits of account number	1352	\$7,235.00
	Nonpriority Creditor's Name 700 Northern Blvd	When was the debt incurred?	Opened 08/17	
	Greenvale, NY 11548-1327 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Tuition		
4.1	Target Nonpriority Creditor's Name	Last 4 digits of account number	0940	\$2,121.00
	Target Card Services Mail Stop NCB-0461 Minneapolis, MN 55440	When was the debt incurred?	Opened 11/10 Last Active 10/04/18	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	П.,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	a ciann.	
	☐ Check if this claim is for a community debt	<u>_</u>	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	nation agreement of divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	l	
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed		
is tryi have	nis page only if you have others to be notified ing to collect from you for a debt you owe to s more than one creditor for any of the debts th ed for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor in lat you listed in Parts 1 or 2, list the addi	Parts 1 or 2, then list the collection agency	/ here. Similarly, if you
	and Address	On which entry in Part 1 or Part 2 did you	_	
	t Control, LLC Phantom Dr		Part 1: Creditors with Priority Unsecured Clai	
Ste 33	30	-	Part 2: Creditors with Nonpriority Unsecured	Claims
Hazel	wood, MO 63042	Last 4 digits of account number	8100	
	and Address	On which entry in Part 1 or Part 2 did you	list the original creditor?	
	ortfolio Debt Equ Phantom Dr.		Part 1: Creditors with Priority Unsecured Clai	
Suite		-	Part 2: Creditors with Nonpriority Unsecured	Claims
Hazel	wood, MO 63042	Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 did you	list the original creditor?	
	nwide credit Inc.		Part 1: Creditors with Priority Unsecured Clai	
_	ox 14581 Moines, IA 50306-3581		Part 2: Creditors with Nonpriority Unsecured	Claims
10	,	Last 4 digits of account number	1135	
Name a	and Address	On which entry in Part 1 or Part 2 did you	list the original creditor?	

Debtor 1 Rachel B Lugo		Case number (if known)
Receivable Collection 170 Jericho Turnpike		☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Floral Park, NY 11001	Last 4 digits of account number	
Name and Address Receivable Collection 170 Jericho Turnpike Suite 204		u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Floral Park, NY 11001	Last 4 digits of account number	8901
Name and Address Rubin & Rothman, LLC 1787 Veterans Hwy. Suite 32 P.O. Box 9003		u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Islandia, NY 11749	Last 4 digits of account number	
Name and Address Rubin & Rothman, LLC 1787 Veterans Hwy. Suite 32 P.O. Box 9003 Islandia, NY 11749	-	u list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address United Collections Bureau 5620 Southwyck Blvd. Suite 206 Toledo, OH 43614	On which entry in Part 1 or Part 2 did you Line 4.7 of (Check one):	u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
,	Last 4 digits of account number	3163

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		
nom rait 2	og.	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 132,805.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 132,805.00

Fill in this inform	nation to identify your	case:		
Debtor 1	Rachel B Lugo	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT C	OF NEW YORK	
Case number _				
(if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Lincoln Auto Fncl Svc
Attn: Bankruptcy
Po Box 542000
Omaha, NE 68154

State what the contract or lease is for
2018 Ford Explorer

Fill in this	information to identify your	case:			
Debtor 1	Rachel B Lugo				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
0	h				
Case numb (if known)					☐ Check if this is an
					amended filing
					Ğ
Official	l Form 106H				
Sched	lule H: Your Cod	lebtors			12/15
	<u> </u>				.2.10
ill it out, a our name	nd number the entries in the and case number (if known	boxes on the left. Attach). Answer every question	n the Additional Page :	to this page. On the top	eeded, copy the Additional Page, of any Additional Pages, write
1. Do y	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No					
☐ Yes	3				
Arizon No.	hin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. s. Did your spouse, former spo	, Nevada, New Mexico, Pu	erto Rico, Texas, Wash		states and territories include
in line Form out Co	2 again as a codebtor only 106D), Schedule E/F (Officia olumn 2.	if that person is a guaran	tor or cosigner. Make	sure you have listed th 06G). Use Schedule D, S	with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cree Check all schedules	ditor to whom you owe the debt
					-11.7
3.1				Schedule D, line	
	Name			☐ Schedule E/F, li	
				☐ Schedule G, line	9
	Number Street			<u> </u>	
,	City	State	ZIP Code		
3.2				Schedule D, line	
	Name			Schedule E/F, lin	
				☐ Schedule G, line)
	Number Street			_	
	City	State	ZIP Code		

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Fill	in this information to ident	tifv vour ca	se:				1					
		hel B Lug										
	otor 2											
Uni	ted States Bankruptcy Co	urt for the:	EASTERN DISTRICT	OF NEW YORK								
	se number nown)						□ A		ed i ent	showi	ng postpetiti	
\bigcirc	fficial Form 106	21					1:	3 income	as	of the	following dat	e:
	fficial Form 106 chedule I: You						M	IM / DD/ \	ΥY	ΥΥ		
Be a	is complete and accurated by the second securation is correct information in the second secure in the securate second is separated sheet to the second secon	e as poss on. If you a d and your	ible. If two married peo are married and not filir spouse is not filing wi	ng jointly, and your th you, do not incl	spouse i ude inforr	s liv nati	ing with on about	you, incl your spo	lud ous	e infor se. If m	mation abo nore space i	ut your s needed,
Par	t 1: Describe Emp	loyment										
1.	Fill in your employmer information.	nt		Debtor 1				Debtor 2	2 o	r non-	filing spous	е
	If you have more than or		Employment status	■ Employed			☐ Employed					
	attach a separate page information about addition		Employment status	☐ Not employed			☐ Not e	emp	oloyed			
	employers.		Occupation	Division Direct	or							
	Include part-time, seaso self-employed work.	nal, or	Employer's name	EAC Network								
	Occupation may include or homemaker, if it appli		Employer's address	50 Clinton Stre Suite 107 Hempstead, N								
			How long employed the	here? 22 yea	rs			_				
Par	t 2: Give Details A	bout Mon	thly Income									
	mate monthly income as use unless you are separa		te you file this form. If y	you have nothing to	report for	any	line, write	\$0 in the	sp	ace. Ir	nclude your r	non-filing
If yo	u or your non-filing spouse e space, attach a separate	e have mo	re than one employer, co	ombine the information	on for all e	mpl	oyers for	that perso	on (on the	lines below.	If you need
							For Dek	otor 1			ebtor 2 or ling spouse	
2.	List monthly gross wa deductions). If not paid				2.	\$	7	,540.42		\$	N/A	4_
3.	Estimate and list mont	thly overti	ne pay.		3.	+\$		0.00		+\$	N/A	4_
4.	Calculate gross Incom	e. Add line	e 2 + line 3.		4.	\$	7,54	10.42		\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Copy line 4 here 4. \$ 7,540.42 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. \$831.72 \$ 5e. Insurance 5e. \$60.88 \$ 5f. Domestic support obligations 5f. \$0.00 \$ 5g. Union dues 5h. Other deductions. Specify: UACC 5h. \$2,600 \$ 5m. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$2,696.82 \$ 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$4,843.60 \$ 8a. Net income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$0.00 \$ 8g. Pension or retirement income 8g. \$0.00 \$ 9g. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9g. \$1,600.00 \$ 10. \$6,443.60 + \$ 11. State all other regular contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Sche	ebtor 2 or ling spouse
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Social Security 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Sail.72 5e. Insurance 5e. \$60.88 5f. \$0.00 \$ 5g. Union dues 5g. Union dues 5h. Other deductions. Specify: UACC 5h. \$1. \$29.60 \$5h. \$20.00 \$ 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$2,696.82 \$ 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$4,843.60 \$ 8. List all other income regularly received: 8a. Net income from rental property and business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$1,600.00 \$ 10. \$6,443.60 \$ Not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include and monthly income. Specify:	N/A
5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. S 0.00 5d. Required repayments of retirement fund loans 5d. \$831,72 \$ 5e. Insurance 5f. Domestic support obligations 5f. \$0.00 \$ 5f. Domestic support obligations 5f. \$0.00 \$ 5g. \$	
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Sh. Other deductions. Specify: UACC USPEC Sh.+ \$ 29.50 + \$ 34.36 \$ \$ 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 2,696.82 \$ 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 4,843.60 \$ 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include allimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,600.00 \$ \$ 1,600.00 \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ \$ \$ 1,600.00 \$ 1,600.00 \$ 1,600.00 \$ 1,600.00 \$ 1,600.00 \$ 1,600.00 \$ 1,600.00 \$	N/A N/A
USPEC Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 2,696.82 \$ 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 4,843.60 \$ 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,600.00 \$ 10. \$ 6,443.60 + \$ N. Nadd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.	N/A
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Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Scheen	
	nedule J. 11. +\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 6,443.60 Combined
 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain: 	monthly income

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 Rachel B Lugo		Chec	ck if this is:	
Deh	otor 2			An amended filing	ving postpetition chapter
	ouse, if filing)			13 expenses as of	
Unit	ted States Bankruptcy Court for the: _EASTERN DISTRICT OF N	EW YORK	-	MM / DD / YYYY	
Cas	se number				
(If k	enown)				
0	fficial Form 106J				
S	chedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married peo ormation. If more space is needed, attach another sheet to mber (if known). Answer every question.				
Par 1.	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household? ☐ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Exp	enses for Separate House	ehold of Deb	tor 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information each dependent			Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Son		13	Yes
		Son		14	□ No ■ Yes
					□ No
					☐ Yes
					□ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
Est	Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unpenses as of a date after the bankruptcy is filed. If this is a policable date.				
the	lude expenses paid for with non-cash government assista value of such assistance and have included it on <i>Schedu</i> ficial Form 106I.)			Your expe	enses
4.	The rental or home ownership expenses for your reside payments and any rent for the ground or lot.	nce. Include first mortgag	e 4. \$;	2,414.81
	If not included in line 4:				
	4a. Real estate taxes		4a. \$	•	1,309.81
	4b. Property, homeowner's, or renter's insurance		4a. \$		149.87
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		70.00
5.	4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such	as home equity loans	4d. \$ 5. \$		0.00
			¥		2.00

Debtor 1	Rachel E	3 Lugo	Case nun	nber (if known)	
6. Util	ities:				
6a.		heat, natural gas	6a.	\$	385.00
6b.	•	wer, garbage collection	6b.		75.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.	·	370.00
6d.	Other. Sp		6d.	:	0.00
	•	ekeeping supplies	7.	· ·	950.00
		children's education costs	8.	·	0.00
		ry, and dry cleaning	9.	· <u> </u>	250.00
	•	products and services	10.		100.00
	-	ntal expenses	11.		
		•	11.	Ψ	150.00
		Include gas, maintenance, bus or train fare. ar payments.	12.	\$	350.00
		clubs, recreation, newspapers, magazines, and books	13.	·	85.00
		ributions and religious donations	14.	· -	100.00
	urance.	mbations and rengious donations	17.		100.00
		surance deducted from your pay or included in lines 4 or 20.			
	. Life insura	, , ,	15a.	\$	0.00
	. Health ins		15b.	·	0.00
	. Vehicle in		15c.		185.00
		rance. Specify:	15d.	· -	0.00
		clude taxes deducted from your pay or included in lines 4 or 20.			0.00
Spe	ecify:	, , ,	16.	\$	0.00
		ease payments:	170	¢	476.00
		ents for Vehicle 1	17a.	· ·	476.00
		ents for Vehicle 2	17b.	·	0.00
	. Other. Sp	· ·	17c.	·	0.00
	. Other. Sp	·	17d.	\$	0.00
		of alimony, maintenance, and support that you did not repo		\$	0.00
aec	lucted from	your pay on line 5, Schedule I, Your Income (Official Form 1 s you make to support others who do not live with you.	061). 10.	\$	
		s you make to support others who do not live with you.	19.		0.00
	ecify:	orty expenses not included in lines 4 or 5 of this form or on			
		erty expenses not included in lines 4 or 5 of this form or on son other property	20a.		0.00
	. Real estat		20b.		0.00
				·	
		homeowner's, or renter's insurance	20c.	· -	0.00
		nce, repair, and upkeep expenses	20d.	·	0.00
		er's association or condominium dues	20e.		0.00
1. O th	er: Specify:		21.	+\$	0.00
2. Cal	culate your	monthly expenses			
22a	. Add lines 4	through 21.		\$	7,420.49
22b	. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106	6J-2	\$	<u>, </u>
		a and 22b. The result is your monthly expenses.		\$	7,420.49
220	22	a and 222. The result to your monthly expenses.		<u> </u>	1,740.43
	-	monthly net income.			
23a	. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	6,443.60
23b	. Copy you	monthly expenses from line 22c above.	23b.	-\$	7,420.49
23c	. Subtract v	our monthly expenses from your monthly income.			
		is your monthly net income.	23c.	\$	-976.89
24. Do	you expect a	an increase or decrease in your expenses within the year af	ter you file thi	s form?	
For	example, do yo	ou expect to finish paying for your car loan within the year or do you expe	ct your mortgage	payment to increase	or decrease because of a
_					
		[F. L. L.			
For mod	example, do yo lification to the	an increase or decrease in your expenses within the year at our expect to finish paying for your car loan within the year or do you expeterms of your mortgage? Explain here:	ter you file this	s form? payment to increase	or decrease beca

Fill in this infor	rmation to identify your	case:		
Debtor 1	Rachel B Lugo			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK	
Case number				
(if known)				☐ Check if this is an amended filing
~ <i></i>				
Official For		n Individual	Dobtorio Sobo	adulaa
Declara	tion About a	<u>n individual</u>	Debtor's Sche	edules 12/15
•	18 U.S.C. §§ 152, 1341, 1 gn Below	519, and 3571.		
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out bank	cruptcy forms?
■ No				
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed wi	ith this declaration and
X /s/ Ra	chel B Lugo		X	
Rache	el B Lugo ure of Debtor 1		Signature of Deb	otor 2
Date	December 18, 2018		Date	
-				

Official Form 106Dec

FilLin	this inform	ation to identify you	r case:			
Debto		Rachel B Lugo				
Debio		First Name	Middle Name	Last Name		
Debto	r 2 if, filing)	First Name	Middle Name	Last Name		
United	l States Ban	kruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case (if know	number					Check if this is an amended filing
	cial For ement		Affairs for Indivi	duals Filing for	r Bankruptcy	4/16
Be as inform	complete a ation. If mo er (if known	nd accurate as possi ore space is needed,). Answer every ques	ible. If two married people attach a separate sheet to stion.	are filing together, both this form. On the top of	are equally responsible for si f any additional pages, write y	
Part 1	Give D	etails About Your Ma	arital Status and Where Yo	u Lived Before		
1. W	hat is your	current marital statu	is?			
	Married Not marr	ied				
2. D	uring the la	et 3 years, have you	lived anywhere other than	whore you live now?		
. . D	uring the la	st 5 years, nave you	iived arrywriere other than	where you live now :		
	No					
	l Yes. List	all of the places you li	ived in the last 3 years. Do i	not include where you live	now.	
	ebtor 1 Pri	or Address:	Dates Debtor 'lived there	Debtor 2 Prio	r Address:	Dates Debtor 2 lived there
					munity property state or territo to Rico, Texas, Washington and	
	l No					
	l Yes. Mal	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (C	Official Form 106H).		
Part 2	Fynlair	n the Sources of You	r Income			
r art z	LAPIAII	Title Sources of Tou	- Income			
Fi	ll in the total	amount of income you	nployment or from operati u received from all jobs and have income that you recei	all businesses, including		lendar years?
	l No					
	Yes. Fill	in the details.				
					Daluar O	
			Dobtor 1			
			Debtor 1	Gross income	Debtor 2	Gross income
			Debtor 1 Sources of income Check all that apply.	Gross income (before deductions an exclusions)	Sources of income	Gross income (before deductions and exclusions)
		of current year until I for bankruptcy:	Sources of income	(before deductions an	Sources of income Check all that apply.	(before deductions

Official Form 107

Debtor 1 _I	Rachel B Lugo		Case number (if known)					
Debtor		Debtor 1		Debtor 2				
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)		
		■ Wages, commissions, bonuses, tips	\$93,611.49	☐ Wages, combonuses, tips	imissions,			
		☐ Operating a business		☐ Operating a	business			
		■ Wages, commissions, bonuses, tips	\$90,389.76	☐ Wages, combonuses, tips	missions,			
		☐ Operating a business		☐ Operating a	business			
winning List eac	s. If you are filing a joint c	s; pensions; rental income; inter ase and you have income that y come from each source separa	ou received together, list it o	only once under De	ebtor 1.	g		
		Debtor 1		Debtor 2				
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)		
Part 3:	ist Certain Payments Yo	ou Made Before You Filed for	Bankruptcy					
6. Are eith □ No	Neither Debtor 1 nor	2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or household	ı <mark>mer debts.</mark> Consumer debt	s are defined in 11	U.S.C. § 101	(8) as "incurred by an		
	☐ No. Go to line ☐ Yes List below paid that not include	efore you filed for bankruptcy, di 7. v each creditor to whom you pai creditor. Do not include paymer le payments to an attorney for the ent on 4/01/19 and every 3 years	d a total of \$6,425* or more tts for domestic support oblication by the sankruptcy case.	in one or more pay gations, such as ch	ments and th			
■ Ye	es. Debtor 1 or Debtor 2	or both have primarily consultion you filed for bankruptcy, di	ımer debts.		•			
	□ No. Go to line	÷7.						
	Yes List below include pa	veach creditor to whom you pai ayments for domestic support of or this bankruptcy case.						
Credit	or's Name and Address	Dates of payme		Amount you	Was this pa	ayment for		
8950	ooper Bankruptcy Cypress Waters Blvd ell, TX 75019	10/18 09/18 08/18	paid \$7,244.43	still owe \$265,735.00	☐ Mortgag ☐ Car ☐ Credit Cool ☐ Loan Re ☐ Supplier	ard		

☐ Other__

Debtor 1 Rachel B Lugo		Case number (if known)								
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for				
	Lincoln Auto Fncl Svc Attn: Bankruptcy Po Box 542000 Omaha, NE 68154	10/18 09/18 08/18	\$1,350.00	\$1,348.00	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	rd ayment				
7.	Within 1 year before you filed for bankrupi Insiders include your relatives; any general poor which you are an officer, director, person in a business you operate as a sole proprietor.	artners; relatives of any ger n control, or owner of 20% of	neral partners; partner or more of their voting	erships of which yo g securities; and ar	u are a genera ny managing a	I partner; corporations gent, including one for				
	■ No									
	Yes. List all payments to an insider.				_					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment				
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider									
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment				
			paid	still owe	Include cred	tor's name				
Par	t 4: Identify Legal Actions, Repossessio	ns, and Foreclosures								
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.									
	Case title Case number	Nature of the case	Court or agency		Status of the	e case				
	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied?				
	Creditor Name and Address	Describe the Property		Date		Value of the				
			Explain what happened		property					
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from you accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.									
	Creditor Name and Address	Describe the action the	e creditor took	Date taken	action was	Amount				
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possess	ion of an assigne	e for the bene	fit of creditors, a				

Deb	otor 1 Rachel B Lugo	Case number	(if known)	
Par	t 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift.	η, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	Value
	per person	Describe the gins	the gifts	value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift or contrib	y, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that total more than \$600 Charity's Name	Describe what you contributed	Dates you contributed	Value
	Address (Number, Street, City, State and ZIP Code)			
Par	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankruptcy or gambling? No Yes. Fill in the details.	or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
		cribe any insurance coverage for the loss	Date of your	Value of property
	how the loss occurred Inclu	ide the amount that insurance has paid. List pending rance claims on line 33 of Schedule A/B: Property.	loss	lost
Par	t 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or prepa	did you or anyone else acting on your behalf pay ouring a bankruptcy petition? Ters, or credit counseling agencies for services requires		rty to anyone you
	Person Who Was Paid	Description and value of any property	Date payment	Amount of
	Address Email or website address Person Who Made the Payment, if Not You	transferred	or transfer was made	payment
	Jacoby & Jacoby, Attorneys At Law 1737 NORTH OCEAN AVENUE Medford, NY 11763	Attorney Fees	11/05/18	\$2,000.00
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you label No Yes. Fill in the details. Person Who Was Paid		or transfer any prope Date payment	rty to anyone who
	Address	transferred	or transfer was	payment

Debtor 1 Rachel B Lugo

Case number (if known)

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not								
	include gifts and transfers that you have already listed on this statement. No								
	☐ Yes. Fill	in the details.							
	Person Who Received Transfer Address		•	Description and value of property transferred		be any property or ints received or debts exchange	Date transfer was made		
	Person's re	ationship to you				.			
19.		ars before you filed for bankru (These are often called asset-pr		ny property to a	self-settled	d trust or similar device o	of which you are a		
	☐ Yes. Fill								
	Name of tru	st	Description and v	alue of the prop	perty trans	ferred	Date Transfer was made		
		Certain Financial Accounts, In	•	·	•		our benefit, closed,		
	sold, moved Include chec	, or transferred? king, savings, money market, sion funds, cooperatives, asso	or other financial accou	nts; certificates	of deposit		, ,		
	☐ Yes. Fill	in the details.							
		ancial Institution and mber, Street, City, State and ZIP	Last 4 digits of account number	J.			Last balance before closing or transfer		
21.	Do you now cash, or other	Oo you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, eash, or other valuables?							
	■ No □ Yes. Fill	in the details.							
		ancial Institution mber, Street, City, State and ZIP Code)		Who else had access to it? Address (Number, Street, City, State and ZIP Code)			Do you still have it?		
22.	Have you sto	ored property in a storage unit	or place other than your	home within 1	year before	e you filed for bankruptc	y?		
	■ No □ Yes. Fill	in the details.							
		orage Facility mber, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe t	he contents	Do you still have it?		
Par	t 9: Identif	y Property You Hold or Contro	I for Someone Else						
23.		or control any property that so		ude any propert	ty you borr	owed from, are storing fo	or, or hold in trust		
	■ No □ Yes. Fill in the details.								
	Owner's Na Address (Nu	me mber, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe t	he property	Value		
Par	t 10: Give D	etails About Environmental Inf	formation						

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Debtor 1 Rachel B Lugo

Case number (if known)

	toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
		means any location, facility, or propert wn, operate, or utilize it, including disp	-		law,	whether you now own, operate,	or utilize it or used		
		<i>ardous material</i> means anything an env ardous material, pollutant, contaminant			wa	ste, hazardous substance, toxic s	substance,		
Rep	ort a	II notices, releases, and proceedings th	at yo	u know about, regardless of wher	the	ey occurred.			
24.	Has	any governmental unit notified you that	ıt you	may be liable or potentially liable	un	der or in violation of an environm	ental law?		
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
25.	Hav	e you notified any governmental unit of	any	release of hazardous material?					
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
26.	Hav	e you been a party in any judicial or ad	minis	trative proceeding under any envi	ron	mental law? Include settlements a	and orders.		
		No Yes. Fill in the details.							
	Case Title Case Number			Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case		
Par	t 11:	Give Details About Your Business or	Conr	nections to Any Business					
27.	Witl	nin 4 years before you filed for bankrup	tcy, d	lid you own a business or have an	y o	f the following connections to any	/ business?		
		lacksquare A sole proprietor or self-employed	in a tı	rade, profession, or other activity,	eith	ner full-time or part-time			
		☐ A member of a limited liability com	pany	(LLC) or limited liability partnersh	ip (I	LLP)			
		☐ A partner in a partnership							
		☐ An officer, director, or managing ex	cecuti	ve of a corporation					
		☐ An owner of at least 5% of the votir	ng or	equity securities of a corporation					
		No. None of the above applies. Go to	Part 1	2.					
		Yes. Check all that apply above and fil	l in th	ne details below for each business	S.				
		siness Name	Des	scribe the nature of the business		Employer Identification numbe			
		dress nber, Street, City, State and ZIP Code)	Nar	ne of accountant or bookkeeper		Do not include Social Security Dates business existed	number or ITIN.		
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	tcy, d	lid you give a financial statement t	to a	nyone about your business? Inclu	ude all financial		
		No							
		Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)								

Part 12: Sign Below

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Debto	r 1 Rachel B Lugo		Case number (if known)
with a		result in fines up to \$250,000, or imprisonme	ing property, or obtaining money or property by fraud in connection nt for up to 20 years, or both.
/s/ Ra	achel B Lugo		
Rachel B Lugo Signature of Debtor 1		Signature of Do	btor 2
Date		8 Date	
Did yo	u attach additional pa	ges to Your Statement of Financial Affairs fo	r Individuals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes	3		
Did yo	u pay or agree to pay	someone who is not an attorney to help you	fill out bankruptcy forms?
☐ Yes	s. Name of Person	. Attach the Bankruptcy Petition Preparer's No	otice, Declaration, and Signature (Official Form 119).

Fill in this informa	ation to identify your	case:			
Debtor 1	Rachel B Lugo First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bank	kruptcy Court for the:	EASTERN DISTR	ICT OF NEW YORK		
Case number		-			
(if known)					Check if this is an amended filing
00000	400				
Official For		n for Indiv	riduals Filing Unde	r Chante	r 7 12/15
Otatomen	t or intentio	ii ioi iiiaiv	iddais i iiiig Oilde	Tonapic	12/13
•	idual filing under chap claims secured by yo		out this form if:		
_	d personal property a		ot expired.		
You must file this	form with the court w er is earlier, unless th	ithin 30 days after	you file your bankruptcy petition o e time for cause. You must also se		
	ple are filing together date the form.	r in a joint case, bo	th are equally responsible for supp	olying correct inf	ormation. Both debtors must
	nd accurate as possib ur name and case nun		needed, attach a separate sheet to	o this form. On th	ne top of any additional pages,
Part 1: List You	ır Creditors Who Have	e Secured Claims			
		art 1 of Schedule D	: Creditors Who Have Claims Secu	red by Property	Official Form 106D), fill in the
information belo	litor and the property the	hat is collateral	What do you intend to do with th secures a debt?	ne property that	Did you claim the property as exempt on Schedule C?
Creditor's Lin name:	coln Auto Fncl Svo		☐ Surrender the property.☐ Retain the property and redeer	m it.	■ No
Description of	2018 Ford Explore	r	Retain the property and enter in		☐ Yes
property securing debt:	Auto Lease	•	Reaffirmation Agreement. Retain the property and [explain	n]:	
					-
	. Cooper		☐ Surrender the property.		_ □ No
Creditor's Mr .	. Cooper		☐ Retain the property and redeer		□ No ■ Yes
name:	. Cooper 44 Province Drive Setauket, NY 1172			nto a	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Deb	otor 1 R	lachel B Lugo	Case number (if known)				
Les	sor's nam	ne: Lincoln Auto Fncl Svc	□ No				
			■ Yes				
	cription operty:	of leased 2018 Ford Explorer					
		gn Below					
		y of perjury, I declare that I have indicate is subject to an unexpired lease.	my intention about any property of my estate that secures a debt and any personal				
Χ	/s/ Rac	chel B Lugo	X				
Rachel B Lugo Signature of Debtor 1		I B Lugo	Signature of Debtor 2				
		re of Debtor 1					
	Date	December 18, 2018	Date				

Fill in this infor	mation to identify your case:		Ch	eck on	e box only as di	rected in this form and	l in Form
Debtor 1	Rachel B Lugo		12	2A-1Sı	ipp:		
Debtor 2 (Spouse, if filing)				□ 1. T	here is no presu	umption of abuse	
	Continuentary Count for the Continue District of	Now York		■ 2. T	he calculation to	o determine if a presu	nption of abuse
United States i	Bankruptcy Court for the: Eastern District of	New YOR				nade under <i>Chapter</i> 7	Means Test
Case number				_	`	cial Form 122A-2).	
(ii Kilowii)						does not apply now be service but it could ap	
				☐ Ch	eck if this is a	n amended filing	
Official F	<u>orm 122A - 1</u>						
Chapter	7 Statement of Your Cur	rent Mor	nthly Inc	ome	е		12/15
attach a separate case number (if I qualifying militar	and accurate as possible. If two married people a e sheet to this form. Include the line number to w known). If you believe that you are exempted fro y service, complete and file Statement of Exemp Iculate Your Current Monthly Income	vhich the additior m a presumption	nal information a of abuse becau	applies. Ise you	On the top of ar	ny additional pages, wri narily consumer debts o	te your name and or because of
1. What is y	our marital and filing status? Check one or	 าly.					
☐ Not ma	arried. Fill out Column A, lines 2-11.						
☐ Marrie	d and your spouse is filing with you. Fill ou	ut both Columns	A and B, lines	2-11.			
■ Marrie	d and your spouse is NOT filing with you.	You and your s	spouse are:				
Livi	ng in the same household and are not lega	ally separated.	Fill out both Co	lumns	A and B, lines 2	·11.	
per	ng separately or are legally separated. Fill all all yof perjury that you and your spouse are lead apart for reasons that do not include evading	egally separated	d under nonbar	nkruptc	y law that applie	es or that you and you	
101(10A). For the 6 months,	erage monthly income that you received from all example, if you are filing on September 15, the 6-m add the income for all 6 months and divide the total the same rental property, put the income from that p	nonth period would I by 6. Fill in the res	be March 1 thro sult. Do not inclu	ugh Aug de any i	just 31. If the amo	unt of your monthly incon ore than once. For examp	ne varied during le, if both
				Colun		Column B Debtor 2 or non-filing spouse	
Your gross payroll de	ss wages, salary, tips, bonuses, overtime, ductions).	and commission	ons (before all	\$	7,540.42	\$	
	and maintenance payments. Do not include is filled in.	payments from	a spouse if	\$	1,600.00	\$	
of you or from an u and room	nts from any source which are regularly payour dependents, including child support nmarried partner, members of your household mates. Include regular contributions from a sponot include payments you listed on line 3.	 Include regular your depender 	contributions nts, parents,	\$	0.00	\$	
5. Net incor	ne from operating a business, profession,						
			otor 1				
	eipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
•	and necessary operating expenses	0.00	Copy here ->	. \$	0.00	\$	
	nly income from a business, profession, or far ne from rental and other real property	III \$	оору пого и	Ψ		Ψ	
o. Net IIICOI		Deb	otor 1				
Gross rec	eipts (before all deductions)	\$ 0.00					
	and necessary operating expenses	-\$ 0.00					
•	nly income from rental or other real property	\$ 0.00	Copy here ->	•\$	0.00	\$	
7. Interest.	dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

				Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation			\$	0.00	\$	•	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a benefi	it under	·		·		
	· · · · · · · · · · · · · · · · · · ·	0.0	00					
	For you \$ For your spouse \$							
9.	Pension or retirement income. Do not include any ambenefit under the Social Security Act.		s a	\$	0.00	\$		
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hundomestic terrorism. If necessary, list other sources on a total below.	security Act or payment nanity, or international	ts or					
	·			\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
11.	Calculate your total current monthly income. Add lin each column. Then add the total for Column A to the tot		\$	9,140.42	+ \$		= \$	9,140.42
Part	2: Determine Whether the Means Test Applies to	o You					Total o	current monthly e
12	Calculate your current monthly income for the year.	Follow those stops:						
12.				0	44 1		•	
	12a. Copy your total current monthly income from line 1	1		Сору	line 11 r	iere=>	\$	9,140.42
	Multiply by 12 (the number of months in a year)						X	
	12b. The result is your annual income for this part of the	e form				12b.	· \$1	09,685.04
13.	Calculate the median family income that applies to	ou. Follow these step	s:					
	Fill in the state in which you live.	NY						
	Fill in the number of people in your household.	3						
	Fill in the median family income for your state and size	of household.				13.	\$	81,887.00
	To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link sp	ecified	in the separa	ate instruc	tions		
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. Or Go to Part 3.	n the top of page 1, che	eck box	1, There is r	no presum	ption of abus	e.	
	Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2,	The pre	esumption of	abuse is o	determined by	/ Form 12	22A-2.
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	that the information on	this sta	atement and	in any atta	chments is tr	ue and c	orrect.
	X /s/ Rachel B Lugo							
	Rachel B Lugo Signature of Debtor 1							
	Date December 18, 2018 MM / DD / YYYY							
	If you checked line 14a, do NOT fill out or file Form	n 122A-2.						
	If you checked line 14b, fill out Form 122A-2 and fi	le it with this form.						

Rachel B Lugo

Fill in this information to identify your case:	Check the appropriate box as directed in
Debtor 1 Rachel B Lugo	lines 40 or 42:
Debtor 2	According to the calculations required by this Statement:
(Spouse, if filing)	Statement.
United States Bankruptcy Court for the: Eastern District of New York	■ 1. There is no presumption of abuse.
Case number	☐ 2. There is a presumption of abuse.
(if known)	
	☐ Check if this is an amended filing
Official Form 122A - 2	
Chapter 7 Means Test Calculation	04/16
To fill out this form, you will need your completed copy of Chapter 7 Stateme	nt of Your Current Monthly Income (Official Form 122A-1).
Be as complete and accurate as possible. If two married people are filing togs space is needed, attach a separate sheet to this form, Include the line numbe additional pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income	
Copy your total current monthly income. Copy line 11 fr	om Official Form 122A-1 here=> \$ 9,140.42
2. Did you fill out Column B in Part 1 of Form 122A-1?	
■ No. Fill in \$0 for the total on line 3.	
☐ Yes. Is your spouse Filing with you?	
□ No. Go to line 3.	
☐ Yes. Fill in \$0 for the total on line 3.	
Adjust your current monthly income by subtracting any part of your spondousehold expenses of you or your dependents. Follow these steps:	use's income not used to pay for the
On line 11, Column B of Form 122A–1, was any amount of the income you re expenses of you or your dependents?	ported for your spouse NOT regularly used for the household
■ No. Fill in 0 for the total on line 3.	
☐ Yes. Fill in the information below:	
State each purpose for which the income was used	Fill in the amount you are subtracting from
For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.	your spouse's income
	\$
	· · · · · · · · · · · · · · · · · · ·
	\$
	\$
Total.	\$
	Copy total here=> \$0.00
4. Adjust your current monthly income. Subtract line 3 from line 1.	\$ 9,140.42

Official Form 122A-2

Debtor 1	Rachel B Lugo		Case number	(if known)	
Part 2:	Calculate Your Deductions from Your Income				
to a	Internal Revenue Service (IRS) issues National and Inswer the questions in lines 6-15. To find the IRS staructions for this form. This information may also be a	ndards, go online	using the link speci	fied in the separate	ounts
your	uct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Eme in line 3 and do not deduct any operating expenses t	o not deduct any ar	nounts that you subti	acted fro your spouse's	
If yo	ur expenses differ from month to month, enter the average	ge expense.			
Whe	never this part of the from refers to you, it means both you	ou and your spouse	if Column B of Form	122A-1 is filled in.	
5.	The number of people used in determining your dec	luctions from inco	ne		
	Fill in the number of people who could be claimed as explus the number of any additional dependents whom yo the number of people in your household.				
Nati	onal Standards You must use the IRS National	al Standards to answ	er the questions in li	nes 6-7.	
	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional contents of the contents o	d other items. per of people you en mber of people is sp a higher IRS allowa	tered in line 5 and th it into two categories ance for health care c	\$ e IRS National Standard: people who are under 6	55 and
Peo	ple who are under 65 years of age				
	7a. Out-of-pocket health care allowance per person	\$52			
	7b. Number of people who are under 65	X3			
	7c. Subtotal. Multiply line 7a by line 7b.	\$156.00	Copy here=	> \$156.00	
Peo	ple who are 65 years of age or older				
	7d. Out-of-pocket health care allowance per person	\$114			
	7e. Number of people who are 65 or older	X0			
	7f. Subtotal. Multiply line 7d by line 7e.	\$ 0.00	Copy here=	> +\$	
	7g. T otal. Add line 7c and line 7f		\$156.00	Copy total here=>	\$156.00

Debtor 1	· I	Rachel B	Lugo					Case number	(if known	1)			
Loc	al S	tandards	You mu	st use the IRS Loca	al Standards to ans	swer the	questions in lin	es 8-15.					
				n the IRS, the U.S. two parts:	Trustee Program	has divi	ided the IRS L	ocal Stand	lard for	housin	g for		
	Hous	sing and u	ıtilities - I	nsurance and ope Mortgage or rent e n lines 8-9, use the	expenses	ogram cl	nart.						
				using the link specif able at the bankrup		instruction	ons for this forr	m.					
8.				- Insurance and opted for your county							5, fill \$		736.00
9.	Но	using and	utilities	- Mortgage or rent	expenses:								
	9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses								\$	2,4	124.00		
	9b.	9b. Total average monthly payment for all mortgages and other debts secured by you						our home.					
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.												
		Name of	Name of the creditor Average monthly payment										
		Mr. Co	oper			\$	3,874.49						
				Total average mo	onthly payment	\$	3,874.49	Copy here=>	-\$	3	,874.49	Repeat this amount on line 33a.	
	9c.	Net mort	tgage or r	ent expense.									
				otal average month If this amount is les				\$		0.00	Copy here=>	. \$	0.00
10.				J.S. Trustee Progra n of your monthly					ng is ind	correct	and	\$	0.00
	E	xplain why	:										
11.	Lo	cal transp	ortation	expenses: Check t	he number of vehic	cles for w	hich you claim	an owners	hip or o	perating	expense		
		0. Go to lir	ne 14.										
		1. Go to lir	ne 12.										
		2 or more.	Go to line	e 12.									
12.				pense: Using the IR								\$	304.00

13.	You	icle ownership or lease expense: Using the IRS Local may not claim the expense if you do not make any loan to than two vehicles.						
Ve	hicle	1 Describe Vehicle 1: 2018 Ford Explorer Aut	to Lease					
13a	. Own	ership or leasing costs using IRS Local Standard		\$_		497.00		
13b.		rage monthly payment for all debts secured by Vehicle 1. not include costs for leased vehicles.						
	are o	alculate the average monthly payment here and on line accontractually due to each secured creditor in the 60 mont cruptcy. Then divide by 60.		ıt				
		Name of each creditor for Vehicle 1	Average monthly payment					
		Lincoln Auto Fncl Svc	\$ 285.60					
		Total Average Monthly Payment	\$ 285.60	Copy here =	> -\$	285	Repeat this amount on line 33b.	
13c.		Vehicle 1 ownership or lease expense tract line 13b from line 13a. if this amount is less than \$0	, enter \$0.	\$_		211.40	Copy net Vehicle 1 expense here => \$	211.40
Ve	hicle	2 Describe Vehicle 2:						
13d.	. Own	ership or leasing costs using IRS Local Standard		. \$_		0.00		
13e.		rage monthly payment for all debts secured by Vehicle 2. ed vehicles.	Do not include costs for	r				
		Name of each creditor for Vehicle 2	Average monthly payment					
	-		\$					
		Total Average Monthly Payment	\$	Copy here => -	\$	0.0	Repeat this amount on line 33c.	
13f.		Vehicle 2 ownership or lease expense tract line 13e from line 13d. if this amount is less than \$0	, enter \$0	. \$_		0.00	Copy net Vehicle 2 expense here => \$	0.00
14.		lic transportation expense: If you claimed 0 vehicles in sportation expense allowance regardless of whether you			ındards	s, fill in the	Public \$	0.00
15.	also	itional public transportation expense: If you claimed 1 deduct a public transportation expense, you may fill in we claim more than the IRS Local Standard for <i>Public Trans</i>	hat you believe is the ap					0.00

Rachel B Lugo

Oth		In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	self-employment taxes, social your pay for these taxes. Ho	nount that you will actually owe for federal, state and local taxes, such as income taxes, all security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 mm the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, sa	ales, or use taxes.	\$	1,740.26
17.	Involuntary deductions: The contributions, union dues, are	ne total monthly payroll deductions that your job requires, such as retirement and uniform costs.		
	Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payme	onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life its, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	0.00
19.		The total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments on	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthl	ly amount that you pay for education that is either required:		
	as a condition for your job	b, or		
	for your physically or mer	ntally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	·	any elementary or secondary school education.	\$	0.00
22.	that is required for the health	enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid. Include only the amount that is more than the total entered in line 7.		
	Payments for health insuran	ce or health savings accounts should be listed only in line 25.	\$	0.00
23.	for you and your dependents	lephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer.		
		basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	85.00
24.	Add all of the expenses all Add lines 6 through 23.	lowed under the IRS expense allowances.	\$	4,616.66

Rachel B Lugo

Add	ditional Expense Deductions These are additional deduction	ons allowed by the	e Means Test.		
	Note: Do not include any expe	ense allowances l	listed in lines 6-24.		
25.	Health insurance, disability insurance, and health savings insurance, disability insurance, and health savings accounts the your dependents.				
	Health insurance \$	601.88			
	Disability insurance \$ _	0.00			
	Health savings account + \$ _	0.00			
	Total \$	601.88	Copy total here=>	\$	601.88
	Do you actually spend this total amount?				
	☐ No. How much do you actually spend?				
	■ Yes \$				
26.	Continued contributions to the care of household or family continue to pay for the reasonable and necessary care and sup your household or member of your immediate family who is un include contributions to an account of a qualified ABLE program	pport of an elderly able to pay for su	chronically ill, or disabled member of ch expenses. These expenses may	\$	0.00
27.	27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.				
	By law, the court must keep the nature of these expenses conf	\$	0.00		
28.	28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.				
	If you believe that you have home energy costs that are more t 8, then fill in the excess amount of home energy costs.	than the home en	ergy costs included in expenses on line		
	You must give your case trustee documentation of your actual amount claimed is reasonable and necessary.	expenses, and yo	ou must show that the additional	\$	0.00
29.	Education expenses for dependent children who are youn \$160.42* per child) that you pay for your dependent children w public elementary or secondary school.				
	You must give your case trustee documentation of your actual claimed is reasonable and necessary and not already accounted				
	* Subject to adjustment on 4/01/19, and every 3 years after tha	at for cases begun	on or after the date of adjustment.	\$	320.84
30.	Additional food and clothing expense. The monthly amount higher than the combined food and clothing allowances in the I than 5% of the food and clothing allowances in the IRS National	IRS National Stan			
	To find a chart showing the maximum additional allowance, go instructions for this form. This chart may also be available at the	•	·		
	You must show that the additional amount claimed is reasonable	ole and necessary	<i>'</i> .	\$	0.00
31.	Continuing charitable contributions. The amount that you w instruments to a religious or charitable organization. 26 U.S.C.		stribute in the form of cash or financial	+\$	30.00
32.	Add all of the additional expense deductions. Add lines 25 through 31.			\$	952.72

Rachel B Lugo

)edu											
	ctions for Debt Payment or debts that are secured by an inte	rest in pr	onerty that you own	including home	morto	anes ve	hicle				
	eans, and other secured debt, fill in			,ciuanig nonie	or tg	ayes, ve	MOIC				
	o calculate the total average monthly preditor in the 60 months after you file for				e to ea	ach secur	red				
	Mortgages on your home:									erage monthly yment	
33a.	Copy line 9b here							=>	\$_	3,874.4	9
	Loans on your first two vehicles:										
3b.	Copy line 13b here							=>	\$_	285.6	0
33c.	Copy line 13e here							=>	\$_	0.0	0
33d.	List other secured debts:	_									
Name	of each creditor for other secured debt	Ide	entify property that sec	ures the debt			paymer le taxes ince?				
							No				
	-NONE-					_	Yes		\$		
							100		Ψ _		—
							No				
							Yes		\$_		
							No				
							Yes		. 0		
						. "	165	_	+\$_		_
								Co	υV		
3e.	Total average monthly payment. Add	lines 33a	through 33d		\$	4,16	60.09	tot		\$4,160.	09
84. A O I	re any debts that you listed in line 3 rother property necessary for your No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep posso	33 secured support of ust pay to ession of y	d by your primary re or the support of you a creditor, in addition your property (called t	sidence, a vehicle in dependents?		4,16	60.09	tot	al	\$ 4,160.	.09
34. A ol ■	re any debts that you listed in line 3 rother property necessary for your No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep possured in line 33, to keep possured in line 34, to keep possured in line 35.	33 secured support of ust pay to ession of your information.	d by your primary re or the support of you a creditor, in addition your property (called to tion below.	sidence, a vehicle ir dependents? to the payments he cure amount).		,		tot	al	,	.09
34. A ol ■	re any debts that you listed in line 3 rother property necessary for your No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep posse Next, divide by 60 and fill in the	33 secured support of ust pay to ession of your information.	d by your primary re or the support of you a creditor, in addition your property (called t	sidence, a vehicle ir dependents? to the payments he cure amount).		Total curamount		tot	al	\$4,160.	.09
34. A or □ □	re any debts that you listed in line 3 rother property necessary for your No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep possured in line 33, to keep possured in line 34, to keep possured in line 35.	33 secured support of ust pay to ession of your information.	d by your primary re or the support of you a creditor, in addition your property (called to tion below.	sidence, a vehicle ir dependents? to the payments he cure amount).		Total cu		tot	al re=>	Monthly cure	20.
34. A o⊓ □ □ Nam	re any debts that you listed in line 3 rother property necessary for your No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep posse Next, divide by 60 and fill in the	33 secured support of ust pay to ession of your information.	d by your primary re or the support of you a creditor, in addition your property (called to tion below.	sidence, a vehicle ir dependents? to the payments he cure amount).	€,	Total cu		he	al re=>	Monthly cure	.09
34. A o⊓ □ □ Nam	re any debts that you listed in line 3 rother property necessary for your No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep posse Next, divide by 60 and fill in the	33 secured support of ust pay to ession of your information.	d by your primary re or the support of you a creditor, in addition your property (called to tion below.	sidence, a vehicle ir dependents? to the payments he cure amount).	\$	Total cu		÷ 60	== \$	Monthly cure	
84. A or C	re any debts that you listed in line 3 rother property necessary for your No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep posse Next, divide by 60 and fill in the	as a prior	d by your primary report the support of your a creditor, in addition your property (called to tion below. The property that secures the property that secures the property tax, child support the property tax, child support	sidence, a vehicle of the payments of the payments of the cure amount. Total	\$	Total cu	re	÷ 60	e \$	Monthly cure	
Nam -NO	re any debts that you listed in line 3 rother property necessary for your No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep posson Next, divide by 60 and fill in the of the creditor NE- o you owe any priority claims such re past due as of the filling date of your line and the past due as of the filling date of your line and the property of the past due as of the filling date of your line and the property of the past due as of the filling date of your line and the property of the past due as of the filling date of your line and the property of the prop	ust pay to ession of your lidentify	d by your primary report the support of your a creditor, in addition your property (called to tion below. The property that secures that the secure that the secures that the secure that the secure that the sec	sidence, a vehicle of the payments of the payments of the cure amount. Total Total Total Total Total C. § 507.	\$	Total cu	re	÷ 60	e \$	Monthly cure	
Nam -NO	re any debts that you listed in line 3 rother property necessary for your No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep posson Next, divide by 60 and fill in the of the creditor NE- o you owe any priority claims such re past due as of the filing date of your contents.	ust pay to ession of your informal Identify as a prior our bankr	d by your primary report the support of your a creditor, in addition your property (called to tion below. The property that secures the triple of the property that secures uptcy case? 11 U.S. ority claims. Do not in	sidence, a vehicle of the payments of the payments of the cure amount. Total Total Total Total Total C. § 507.	\$	Total cu	re	÷ 60	e \$	Monthly cure	0.

Rachel B Lugo

Debtor 1	Raci	hel B Lugo		Ca	ise ni	number (if known)
	For more	eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for <i>Bankruptcy Bas</i> ns for this form. <i>Bankruptcy Basics</i> may also be available	sics spe			
	□ No.	Go to line 37.				
	Yes.	Fill in the following information.				
		Projected monthly plan payment if you were filing unde	r Chapt	er 13	\$	400.00
Current multiplier for your district as stated on the list iss Administrative Office of the United States Courts (for dis and North Carolina) or by the Executive Office for United (for all other districts).			istricts i	n Alabama	×	7.60
		To find a list of district multipliers that includes your district the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.				Copy total
		Average monthly administrative expense if you were fil	ing und	er Chapter 13		\$ 30.40 here=> \$ 30.40
37.		of the deductions for debt payment. es 33e through 36.				\$4,190.49
Tota	al Deduc	tions from Income				
38.	Add all c	of the allowed deductions.				
		ne 24, All of the expenses allowed under IRS e allowances	\$_	4,616.6	6	
	Copy lin	ne 32, All of the additional expense deductions	\$	952.7	2	
	Copy lin	ne 37, All of the deductions for debt payment	+\$_	4,190.4	9_	_
		Total deductions	\$_	9,759.8	7	Copy total here=> \$ 9,759.87
Part 3	Det	termine Whether There is a Presumption of Abuse				
39.	Calculat	e monthly disposable income for 60 months				
	39a. Co	py line 4, adjusted current monthly income	\$	9,140.4	2	
	39b. Co	py line 38, <i>Total deductions</i>	- \$	9,759.8	7	
		onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$_	-619.4	5	Copy here=>\$ -619.45
	For the	next 60 months (5 years)				× 60
	39d. To	tal. Multiply line 39c by 60	,	39d. \$	-37	7,167.00 Copy \$ -37,167.00
40.	Find out	whether there is a presumption of abuse. Check the	box tha	ut applies:		
	■ The I	ine 39d is less than \$7,700*. On the top of page 1 of th	is form.	, check box 1, Th	nere	e is no presumption of abuse. Go to Part 5.
		ine 39d is more than \$12,850*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	this for	rm, check box 2,	The	ere is a presumption of abuse. You may fill out
	☐ The I	ine 39d is at least \$7,700*, but not more than \$12,850)*. Go to	o line 41.		
	*Subject	to adjustment on 4/01/19, and every 3 years after that fo	or cases	filed on or after	the	date of adjustment.

Debtor 1	Rac	nel B Lugo	Case number (if known)				
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled a Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.					
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i) Multiply line 41a by 0.25					
25	% of y	ne whether the income you have left over after subtracting all allowed do our unsecured, nonpriority debt. e box that applies:	eductions is enough to pay				
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>Th</i> Part 5.	ere is no presumption of abuse.				
		39d is equal to or more than line 41b. On the top of page 1 of this form, chamption of abuse. You may fill out Part 4 if you claim special circumstances. T					
Part 4:	Giv	re Details About Special Circumstances					
		we any special circumstances that justify additional expenses or adjustness alternative? 11 U.S.C. \S 707(b)(2)(B).	nents of current monthly income for which there is no				
■ N	lo. Go	to Part 5.					
□ Y		I in the following information. All figures should reflect your average monthly em. You may include expenses you listed in line 25.	expense or income adjustment for each				
	You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.						
	G	ive a detailed explanation of the special circumstances	Average monthly expense or income adjustment				
			\$				
			 \$				
			<u> </u>				
			<u> </u>				
Dort Fr	 e:.	m Palau.					
Part 5:	_	In Below gning here, I declare under penalty of perjury that the information on this state	ement and in any attachments is true and correct				
	•		Smerit and in any attachments is true and confect.				
	Ra	Rachel B Lugo					
Do		gnature of Debtor 1					
Da		ecember 18, 2018 M / DD / YYYY					

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

East	ern District of New Yor	k	
re Rachel B Lugo		Case No.	
	Debtor(s)	Chapter	7
DISCLOSURE OF COMPEN	NSATION OF ATTO	RNEY FOR DE	EBTOR(S)
Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	(b), I certify that I am the attorned of the petition in bankruptcy	ney for the above nan , or agreed to be paid	ned debtor(s) and that to me, for services rendered or to
For legal services, I have agreed to accept		\$	1,665.00
Prior to the filing of this statement I have received			1,665.00
Balance Due			0.00
The source of the compensation paid to me was:			
■ Debtor □ Other (specify):			
The source of compensation to be paid to me is:			
■ Debtor □ Other (specify):			
■ I have not agreed to share the above-disclosed comp	ensation with any other person	unless they are mem	bers and associates of my law firr
☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the nar			
In return for the above-disclosed fee, I have agreed to re	nder legal service for all aspec	ts of the bankruptcy c	ase, including:
 a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credite d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on how 	ement of affairs and plan which ors and confirmation hearing, a educe to market value; ex ons as needed; preparation	n may be required; nd any adjourned hea emption planning;	rings thereof; preparation and filing of
By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding.	e does not include the following schargeability actions, jud	g service: icial lien avoidanc	es, relief from stay actions o
	CERTIFICATION		
I certify that the foregoing is a complete statement of any is bankruptcy proceeding.	y agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
December 18, 2018	/s/ Richard A. Ja	coby, Esq.	
Date	Richard A. Jacob Signature of Attorne		
	Jacoby & Jacoby	, Attorneys At Lav	v
	4727 North Occo	n Avenue	
	1737 North Ocea		
	Medford, NY 117 631-289-4600		

United States Bankruptcy Court Eastern District of New York

In re	Rachel B Lugo		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Medford, NY 11763 631-289-4600

USBC-44 Rev. 9/17/98

Amex/Bankruptcy Correspondence Po Box 981540 El Paso, TX 79998

Bank Of America Attn: Bankruptcy Po Box 982238 El Paso, TX 79998

Barclays Bank Delaware Attn: Correspondence Po Box 8801 Wilmington, DE 19899

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Bank (USA) NA 4851 Cox Road Glen Allen, VA 23060

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citicards
Attn: Central Bankruptcy
Po Box 790040
Saint Louis, MO 63179

County of Suffolk Sheriff's Office 360 Yaphank Avenue Suite 1A Yaphank, NY 11980 Credit Control, LLC 5757 Phantom Dr Ste 330 Hazelwood, MO 63042

Discover Financial Po Box 3025 New Albany, OH 43054

HSBC Bank USA, N.A. P.O. Box 4552 Buffalo, NY 14240-4552

JH Portfolio Debt Equ 5757 Phantom Dr. Suite 225 Hazelwood, MO 63042

Kohls/Capital One Kohls Credit Po Box 3120 Milwaukee, WI 53201

Lincoln Auto Fncl Svc Attn: Bankruptcy Po Box 542000 Omaha, NE 68154

Long Island University 700 Northern Blvd Greenvale, NY 11548-1327

Mr. Cooper Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019

Nationwide credit Inc. PO Box 14581 Des Moines, IA 50306-3581

Receivable Collection 170 Jericho Turnpike Floral Park, NY 11001 Receivable Collection 170 Jericho Turnpike Suite 204 Floral Park, NY 11001

Rubin & Rothman, LLC 1787 Veterans Hwy. Suite 32 P.O. Box 9003 Islandia, NY 11749

Target Card Services Mail Stop NCB-0461 Minneapolis, MN 55440

United Collections Bureau 5620 Southwyck Blvd. Suite 206 Toledo, OH 43614

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

CASE NO.:.

· · · ————————————————————————————————
Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:
[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]
NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.
☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:
1. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:
(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
2. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:
CURRENT STATUS OF RELATED CASE:(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
3. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:

DEBTOR(S): Rachel B Lugo

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE: (I	Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to	o NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE:	"A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
	who have had prior cases dismissed within the preceding 180 days may not red to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S AT	TORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New Yo	ork (Y/N): Y
CERTIFICATION (to be signed by pro se debtor/petitione I certify under penalty of perjury that the within bankruptc as indicated elsewhere on this form. /s/ Richard A. Jacoby, Esq.	y case is not related to any case now pending or pending at any time, except
Richard A. Jacoby, Esq. Signature of Debtor's Attorney Jacoby & Jacoby, Attorneys At Law 1737 North Ocean Avenue	Signature of Pro Se Debtor/Petitioner
Medford, NY 11763 631-289-4600	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
Telling to fully and touchfully and the U.S. Comment	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009